

<i>SERFF Tracking Number:</i>	<i>MGCC-126897314</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47274</i>
<i>Company Tracking Number:</i>	<i>CH AE PPACA NON-GF (01/11)</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>HCR END 2010 Non-GF</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: HCR END 2010 Non-GF

SERFF Tr Num: MGCC-126897314 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-  
Closed

State Tr Num: 47274

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: CH AE PPACA NON-  
GF (01/11)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Dianna Cordova, Kim  
Perkins

Disposition Date: 11/18/2010

Date Submitted: 11/09/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/18/2010

Explanation for Other Group Market Type:

State Status Changed: 11/18/2010

Deemer Date:

Created By: Dianna Cordova

Submitted By: Dianna Cordova

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

Filing Description:

Please refer to our cover letter under the Supporting Documentation tab.

## Company and Contact

### Filing Contact Information

Dianna Cordova, Compliance Analyst II

dianna.cordova@healthmarkets.com

SERFF Tracking Number: MGCC-126897314 State: Arkansas  
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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: HCR END 2010 Non-GF  
Project Name/Number: /

9151 Boulevard 26 817-255-8283 [Phone]  
North Richland Hills, TX 76180 817-255-8153 [FAX]

### Filing Company Information

The Chesapeake Life Insurance Company	CoCode: 61832	State of Domicile: Oklahoma
9151 Boulevard 26	Group Code: 264	Company Type: Health
North Richland Hills, TX 76180	Group Name:	State ID Number:
(817) 255-3100 ext. [Phone]	FEIN Number: 52-0676509	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$50.00	11/09/2010	41690801

SERFF Tracking Number:	MGCC-126897314	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/18/2010	11/18/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	PPACA Uniform Compliance Summary	Dianna Cordova	11/12/2010	11/12/2010

<i>SERFF Tracking Number:</i>	<i>MGCC-126897314</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>HCR END 2010 Non-GF</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 11/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MGCC-126897314 State: Arkansas

Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 47274

Company Tracking Number: CH AE PPACA NON-GF (01/11)

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: HCR END 2010 Non-GF

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document (revised)	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Replaced	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes

SERFF Tracking Number: MGCC-126897314 State: Arkansas  
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 47274  
Company Tracking Number: CH AE PPACA NON-GF (01/11)  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: HCR END 2010 Non-GF  
Project Name/Number: /

**Amendment Letter**

Submitted Date: 11/12/2010

**Comments:**

Please be advised that a corrected PPACA Uniform Compliance Summary has been submitted.

We apologize for any inconvenience this may have caused.

Thank you,

Dianna Cordova  
Product Compliance Analyst II  
(817) 255-8283

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: PPACA Uniform Compliance Summary**

Comment:

Final\_PPACA\_UniformComplianceSummaryClean[1].pdf

SERFF Tracking Number: MGCC-126897314 State: Arkansas

Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 47274

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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: HCR END 2010 Non-GF

Project Name/Number: /

## Form Schedule

**Lead Form Number: CH AE PPACA NON-GF (01/11)**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/18/2010	CH AE PPACA Non-GF (01/11)	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		Initial			CH AE PPACA Non- GF (01- 11).pdf

## THE CHESAPEAKE LIFE INSURANCE COMPANY

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

### **PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 NON-GRANDFATHERED POLICY/CERTIFICATE AMENDATORY ENDORSEMENT**

This Amendatory Endorsement is made a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate and any attached Riders which are not inconsistent with this Amendatory Endorsement.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to Your Policy/Certificate as follows:

#### **PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010**

Effective [January 1, 2011], some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy/Certificate and any attached Riders will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Policy/Certificate and any attached Riders, the provisions below shall apply only to the extent they are currently provided within Your Policy/Certificate and any attached Riders. In the event of a conflict between the provisions of any other section of Your Policy/Certificate and any attached Riders, and the provisions of this Amendatory Endorsement, the provisions of this Amendatory Endorsement shall prevail.

#### **Definitions**

- **"Essential Health Benefits"** means benefits, if any, covered under the Policy/Certificate and any attached Riders, in at least the following categories: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management and pediatric services, including oral and vision care. Such Essential Health Benefits shall be consistent with those set forth under the Patient Protection and Affordable Care Act of 2010 and any regulations issued pursuant thereto.
- **"Patient Protection and Affordable Care Act of 2010"** means the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

#### **Lifetime Dollar Limits on Essential Health Benefits**

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and attached Riders as a Covered Expense/Service are no longer subject to lifetime dollar maximum(s). Accordingly, the **"Lifetime Maximum Amount"** and the **"Aggregate Maximum Amount"** and any references thereto are deleted in their entirety.

#### **Internal Benefit Limits on Essential Health Benefits**

Essential Health Benefits, if any, that are currently provided within Your Policy/Certificate and any attached Riders as a Covered Expense/Service are no longer subject to internal benefit limits such as visit limitations,



daily benefit limits, maximums per Sickness or Injury, and Maximum Benefit Amounts. Benefit limits will continue to apply to any Covered Expenses/Services that do not qualify as Essential Health Benefits.

Deductibles, Coinsurance, Copayment, Access Fees, Maximum Allowable Amounts, and Usual and Customary Fees, if any, will continue to apply to all Covered Expenses/Services.

### **Preventive Services**

Covered Expense include the following Preventive Services:

1. Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Insured Person involved;
3. With respect to Insured Persons who are infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
4. With respect to Insured Persons who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

Physician office charges when billed in conjunction with the Preventive Services shown above will also be considered a Covered Expense under this provision.

Examples of Preventive Services include, but are not limited to: screening for high blood pressure, screening for diabetes, and cholesterol tests; various cancer screenings; counseling from Your Physician on such topics as quitting smoking, losing weight and eating better; routine vaccines for diseases such as measles, polio, or meningitis; and regular well-baby and well-child visits, from birth to age 21.

Frequency intervals and the recommendations and guidelines for preventive services are subject to change by the U.S. Department of Health and Human Services (HHS).

The complete list of recommendations and guidelines (including future updates) can be found at:  
<http://www.HealthCare.gov/center/regulations/prevention/recommendations.html>

For Preferred Provider Organization/PPO plans, preventive services obtained through a Non-participating Provider or Non-PPO Provider will be subject to the base plan Deductible and Coinsurance.

### **Emergency Services**

If Your Policy/Certificate and any attached Riders currently include benefits for Emergency Services, such Emergency Services will be considered without the need for any prior authorization determination and without regard as to whether the health care provider furnishing such services is a participating provider. If applicable, care provided by a Non-participating Provider will be paid at no greater cost sharing to the Insured Person as if the services were provided by a Participating Provider.

*This provision applies only if Your base plan Policy/Certificate and any attached riders currently include benefits for Emergency Services, as defined herein.*

### **Extension of Coverage to Dependents**

The definition of "Eligible Dependent" is amended to read as follows:

"**Eligible Dependent** means Your lawful spouse and Your natural and adopted children and step-children who are under 26 years of age (the Limiting Age)."

### **Open Enrollment for Eligible Children Up To Age 19**

Eligible Dependent children up to age 19 may be added to Your Policy on a guaranteed-issue basis without underwriting during any of the following enrollment periods:

1. An annual open enrollment period that occurs each [December]; or
2. A special 31-day open enrollment period that begins on the date:
  - a) You acquire a new eligible dependent through birth, adoption or marriage;
  - b) Your dependent child involuntarily loses coverage under another health plan for any reason (except fraud or non-payment of premiums for the prior coverage); or
  - c) You are required to provide coverage for a dependent child due to a court order.

You must notify Us within the open enrollment period to request enrollment of Your Eligible Dependent children under the age of 19. The acceptance of a new Eligible Dependent and the Effective Date of Coverage for such Eligible Dependent will be shown by endorsement.

### **Preexisting Condition Limitations**

The Preexisting Condition limitation described in the EXCLUSIONS AND LIMITATIONS section of Your Policy/Certificate does not apply to Insured Persons who are under 19 years of age. With respect to Insured Persons who are under 19 years of age, exclusionary riders or exclusion waivers, if any, attached to Your Policy/Certificate will no longer apply.

### **Rescissions**

We may not void or terminate Your Policy/Certificate and any attached Riders based on a misrepresentation by You unless You have performed an act or practice that constitutes fraud; or made an intentional misrepresentation of material fact as prohibited by the terms of Your Policy/Certificate.

### **Right to Appeal**

You have the right to appeal any decision or action taken by Us to deny, reduce, or terminate the provision of or payment for health care services covered by Your Policy/Certificate and any attached Riders. When We have denied, reduced, or terminated a requested service or payment for the service based on a judgment as to the Medical Necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service, You have the right to have Our decision reviewed by an independent review organization not associated with Us.

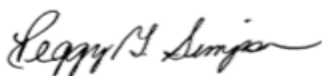
Except where an Insured Person's life or health would be seriously jeopardized, where applicable, You must first exhaust Our internal grievance process before We will grant Your request for an external independent review.

The provisions of this Amendatory Endorsement are not intended to expand Covered Expenses/Services currently provided within Your Policy/Certificate to include Essential Health benefits, but rather apply only to the extent such Essential Health Benefits are currently covered by Your Policy/Certificate and any attached riders.

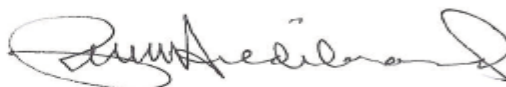
The provisions of this Amendatory Endorsement are effective on [January 1, 2011].

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for The Chesapeake Life Insurance Company at North Richland Hills, Texas.



SECRETARY



PRESIDENT

SERFF Tracking Number:	MGCC-126897314	State:	Arkansas
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TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005C Individual - Other
Product Name:	HCR END 2010 Non-GF		
Project Name/Number:	/		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	11/18/2010
<b>Comments:</b>			
<b>Attachment:</b>			
Readability.pdf			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	11/18/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	11/18/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	11/18/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	11/18/2010
<b>Comments:</b>			
<b>Attachment:</b>			
Final_PPACA_UniformComplianceSummaryClean[1].pdf			

<i>SERFF Tracking Number:</i>	<i>MGCC-126897314</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47274</i>
<i>Company Tracking Number:</i>	<i>CH AE PPACA NON-GF (01/11)</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>HCR END 2010 Non-GF</i>		
<i>Project Name/Number:</i>	<i>/</i>		

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	11/18/2010
<b>Comments:</b>			
<b>Attachment:</b>			
Cover Letter.pdf			

The Chesapeake Life Insurance Company

**FLESCH READABILITY CERTIFICATE**  
**State of Arkansas**

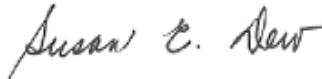
Form Number

CH AE PPACA Non-GF (01/11)

Flesch Score

52

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas.



---

Susan Dew

Senior VP, Associate General Counsel and Chief Compliance Officer

November 9, 2010

DATE

## PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☒ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**\*For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

### COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
The Chesapeake Life Insurance Company	264-61832	MGCC-126897314	Series CH-26210	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

# PPACA Uniform Compliance Summary

[Reset Form](#)

## SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16I	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 3			
H16I	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 1-2			
H16I	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 1			
H16I	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 3			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16I	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 2			
H16I	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 2			
H16I	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 3			
H16I	<b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 2			



## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16I	<b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: PCP designation not required.			
	Page Number:			
H16I	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If <b>no</b> , please explain.
	Explanation: Authorizations and referrals not required.			
	Page Number:			

# PPACA Uniform Compliance Summary

Reset Form

## SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
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	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Annual Dollar Limits on Essential Benefits –</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Prohibit Rescissions –</b> Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <sup>◇</sup> <input type="checkbox"/> No If <b>no</b> , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

## PPACA Uniform Compliance Summary

### SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			



**The Chesapeake  
Life Insurance Company**  
Home Office: Oklahoma City, OK

9151 Boulevard 26 • North Richland Hills • Texas • 76180

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**\* PPACA COMPLIANCE FILING \*  
NON-GRANDFATHERED (WINDOW) PLANS**

November 9, 2010

Arkansas Insurance Department  
Life & Health Division  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

**The Chesapeake Life Insurance Company...NAIC#: 264-61832 / FEIN#: 52-0676509**

**NEW AMENDATORY FORM**  
AE PPACA Non-GF (01/11)

**DESCRIPTION**  
Patient Protection & Affordable Care Act of 2010 NON-  
GRANDFATHERED Policy/Certificate Amendatory  
Endorsement

Dear Commissioner Bradford:

The enclosed Amendatory Endorsement form is hereby submitted for your review and approval. This form is new and is not intended to replace any forms previously approved by your Department and is intended to amend our Non-Grandfathered Policy/Certificate forms that were issued in your state between March 24, 2010 and September 23, 2010.

The purpose of this form is to amend some of the benefits, terms, conditions, limitations, and exclusions contained in our Insured Persons' Policies/Certificates; including, any attached Riders, as a result of the Patient Protection and Affordable Care Act of 2010 (PPACA). The provisions reflected on this form will only apply to the extent such benefits are currently considered Covered Expenses/Services under the Insured Person's Policy/Certificate. The provisions are effective on the plan year beginning on or after September 23, 2010, which is January 1, 2011.

The Company is committed to monitoring Federal and State regulations as they are passed in connection with PPACA, and will prepare and submit any necessary subsequent Amendatory Endorsement forms in the future.

To the best of our knowledge, information and belief, the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your State.

Upon your receipt of this submission, we would appreciate receiving an acknowledgment of your receipt. If you have any questions or if anything further is needed to expedite the review of this filing, please call me collect at (817) 255-8283. Your assistance in this matter is greatly appreciated.

Respectfully Submitted,

**Dianna Cordova**

Product Compliance Analyst II, Product Compliance  
Corporate Compliance

**HealthMarkets®**

9151 Boulevard 26 • North Richland Hills • TX 76180

**P** (817) 255-8283 • **F** (817) 255-8153

Dianna.Cordova@HealthMarkets.com • [www.HealthMarkets.com](http://www.HealthMarkets.com)

<i>SERFF Tracking Number:</i>	<i>MGCC-126897314</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Chesapeake Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47274</i>
<i>Company Tracking Number:</i>	<i>CH AE PPACA NON-GF (01/11)</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>HCR END 2010 Non-GF</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
11/09/2010	Supporting Document	PPACA Uniform Compliance Summary	11/12/2010	Final_PPACA_UniformComplianceSummaryClean[1].pdf (Superseded)

## PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☒ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

**\*For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

### COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
The Chesapeake Life Insurance Company	264-61832	MGCC-126897314	Series CH-26210	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



# PPACA Uniform Compliance Summary

[Reset Form](#)

## SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16I	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 3			
	<b>Eliminate Annual Dollar Limits on Essential Benefits</b> Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation:			
	Page Number:			
H16I	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 1			
H16I	<b>Prohibit Rescissions</b> – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 3			

## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
H16I	<b>Preventive Services</b> – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 2			
H16I	<b>Extends Dependent Coverage for Children Until age 26</b> – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 2			
H16I	<b>Appeals Process</b> – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
	Explanation: Amended by CH AE PPACA Non-GF (01/11)			
	Page Number: 3			
H16I	<b>Emergency Services</b> – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
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## PPACA Uniform Compliance Summary

### SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<b>Access to Pediatricians</b> – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
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	<b>Access to OB/GYNs</b> – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , please explain.
	Explanation:			
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# PPACA Uniform Compliance Summary

[Reset Form](#)

## SECTION B – Group Health Benefit Plans (Small and Large)

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	<b>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19</b>	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
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	Explanation:			
	Page Number:			
	<b>Eliminate Lifetime Dollar Limits on Essential Benefits</b>	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If <b>no</b> , please explain.
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◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

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